

## ST. LAWRENCE COUNTY OFFICE OF THE COUNTY CLERK

48 Court Street, County Courthouse Canton, New York 13617-1198 Telephone (315) 379-2237 Fax (315) 379-2302 Sandra W. Santamoor St. Lawrence County Clerk

Melissa Friedel

St. Lawrence Deputy County Clerk
Lisa Woodard

St. Lawrence Deputy County Clerk

## Instructions for Adding or Removing a Firearm on your Pistol License by Mail

Please mail the following items to our office:

- · Original filled out amendment form
- A copy of the Bill of Sale from a Federal Firearms Licensed (FFL)
   Dealer
- A copy of your entire pistol license (including firearm cards)
- Payment of \$3 cash or check made out to St. Lawrence County Clerk

Mailing Address:

48 Court Street

ATTN: Pistol License Unit

Canton, NY 13617

Upon review and acceptance of these documents, a clerk will mail back an updated license and a coupon.

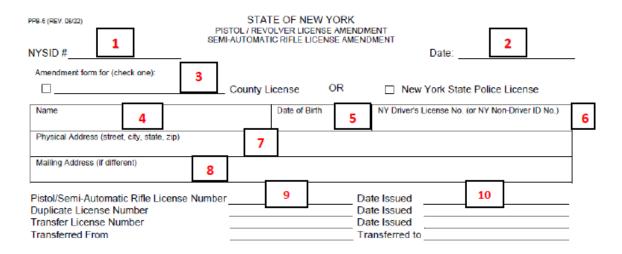
\*\*A self-addressed postage paid envelope must be included for the return of the updated license and coupon.

If you have a plastic license you are required to dispose of your old license upon receipt of your new license.

If you have any questions, contact the St. Lawrence County Clerk's Office at 315.379.2237.

Instructions on how to fill out an amendment form are on pages 2 and 3 of this packet. Fill out the following fields:

- 1. NYSID number leave blank
- 2. Date you are filling the amendment out
- 3. Check box and fill in "St. Lawrence" for County License
- 4. Full name on Pistol License
- 5. Date of Birth
- 6. Driver's License Number from your NYS Driver's License or Non Driver ID
- 7. Address listed on your pistol license
- 8. Mailing address if different then physical address, only fill this out of you have previously given us a different mailing address
- 9. Pistol License Number, written in the following format: C00000000
- 10. Date your license was issued



Lic#: **C00000000**DOI: 6/17/2005

STATE OF NEW YORK St. Lawrence County

LICENSE TYPE: CARRY CONCEALED/SEMI-AUTOMATIC RIFLE



Restrictions NONE JANE A DOE 48 COURT STREET CANTON, NY 13617

Occupation: INDEX CLERK 
Employer: ST LAWRENCE COUNT

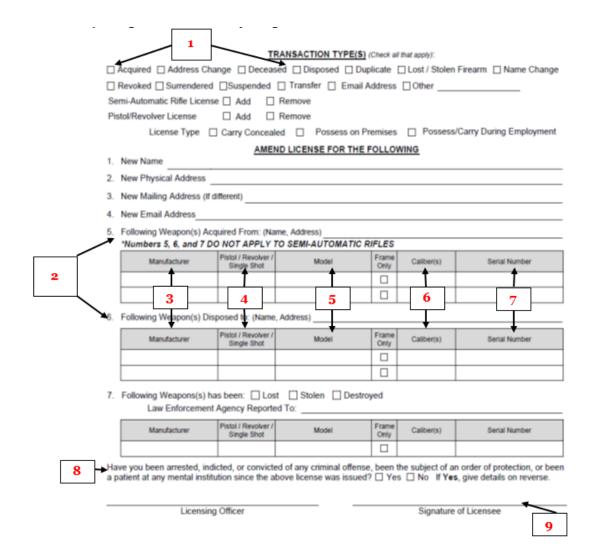
Nationality: AMERICAN
Date Of Birth: 1/1/1990

Ht. 5' 11 Wt: 120 Sex: F



You need to fill out the following fields to complete your amendment:

- 1. Check the "Acquired" box or "Disposed" box under "Transaction Type"
- 2. Fill in the name of the FLL that you acquired or sold your firearm from/to
- 3. Fill in the "Manufacturer" field (i.e. Colt, Ruger, S&W)
- 4. "Semi-Automatic/Revolver/Single Shot" field.
- 5. "Model" field, if your firearm does not have a model put none.
- 6. "Caliber" field, if your firearm has a conversion kit please list the barrels it currently has, "multi" is not an acceptable response and will be rejected.
- 7. "Serial Number" field, please write the number clearly to avoid rejection of form
- 8. Move to the bottom of the page and read the statement starting with "Have you been arrested..." check yes or no. If yes please give details on the back of the amendment form or on an attached sheet of paper.
- 9. Sign on the line that says "Signature of Licensee"



		DL / REVOLVER LICENSE			
YSID # Not all permits wil		UTOMATIC RIFLE LICEN	SE AMEND	MENT Date:	REQUIRED
Amendment form for (check one	e):				
	c	ounty License	OR	☐ New York S	State Police License
Name REQUIRED		Date of Birth REQUI	RED	NY Driver's License No. (or NY Non-Driver ID No.)  REQUIRED	
Physical Address (street, city, st REQUIRED		dress currently liste		ır premit, even if	it is incorrect.
Mailing Address (if different) If your mail	ing address is diff	erent then you phys	sical add	ress, fill this line	out.
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LEAVE BLANK REQUIRED, SIGN HERE

Licensing Officer Signature of Licensee
\*Read statement, check YES or NO. Sign name on "Signature of License"